Please type a plus sign (+) inside this box D	+	
--	---	--

PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it contains a valid OMB control number.

Under

the Paperwork Reduct	ion Act o	or 1995, no persons are required to	respond to a collection of intorn	Hadiott dilliood it commune a		
			Attorney Docket Nur	mber LOJM-9991	•	
			First Named Invento	Dobronsky, Oren		
		COMPLETE IF KNOWN				
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration Submitted With Initial Filing (surcharge (37 CFR 1.16 (e))	Application Number		_			
•			Filing Date	05/23/2001	_	
/ /	OR	Submitted after Initial	Group Art Unit		_	
with Initial Filing			Examiner Name		4	

	As a below named inventor, I hereby declare that:						
My residence, mailing address, and							
I believe I am the original, first and names are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
SYSTEM AND METHOD FOR TH	SYSTEM AND METHOD FOR THE DYNAMIC IMPROVEMENT OF INTERNET BROWSER NAVIGABILITY						
	(T	itle of the Invention)					
the specification of which							
is attached hereto		as United S	tates Application N	lumber or PCT Inter	national		
was filed on (MM/DD/YYYY)	05/23/2001	as c.ated c					
Application Number	and was a	mended on (MM/DD/YY	YY)	(if app	licable).		
I hereby state that I have reviewed amended by any amendment spe	and understand the co	ontents of the above ide	•	n, including the claim	ns, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached?						
130972	Number(s)		0000	0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					neet		

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION E Utility or Design Patent Application

Direct all correspondence to:	Customer Nur or Bar Code L				OR [Correspondence address below
Name Joseph F. Murphy						
Address Law Offices (Of Jose	eph F	. Mu	ırphy	/	
Address 101 West 23rd	d Stree	t #236	37			
city New York	————			State	New York	_{ZIP} 10011-2490
Country US		Telephone	, 1-87	7-78:	2-5460	1-877-472-0116
I hereby declare that all statements ma are believed to be true; and further th made are punishable by fine or impriso validity of the application or any patent	onment or hot	th under 18				
NAME OF SOLE OR FIRST IN	/ENTOR:			A petit	ion has been fil	led for this unsigned inventor
Given Name (first and middle [if any])	Siven Name Dohronsky Family Name Oncor					
nventor's On Robway Date 5.23.2001						
Residence: City New York	/	-	State N	Υ	_{Country} US	Citizenship ISRAEL
Mailing Address 226 W 37th Street 11th Floor						
Mailing Address						
_{city} New York	State NY			ZIP 1	0018	Country US
NAME OF SECOND INVENTOR				A petiti	ion has been file	ed for this unsigned inventor
Given Name first and middle [if any])	la			Family N	Name Karni Jame	
nventor's Geby Karni Inste 5.23.2001						
Residence: City		ç	State NY	<u> </u>	Country US	Date 5.23.2001 Citizenship ISRAEL
ailing Address 226 W 37th Street 11th Floor						
ailing Address						
_{ity} New York	State NY			ZIP 10	0018	Country
Additional inventors are being named	on thesı	upplementa	al Addition	ial Invent	or(s) sheet(s) PTO	//SB/02A attached hereto.

Please type a plus sign (+) inside this box -		+	
---	--	---	--

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	not yet assigned
Filing Date	23 MAY 2001
First Named Inventor	Dobronsky
Group Art Unit	
Examiner Name	
Attorney Docket Number	LOJM-9992

I hereby appoint:					
Practitioners at OR X Practitioner(s) n	Customer Number amed below:			Place Customer Number Bar Code Label here	
	Name		Registrati	on Number	
Joseph F. Mur	phy	36	36,617		
as my/our attorney(s) of business in the United	or agent(s) to prosecute the applicat States Patent and Trademark Offic	ion ident	ified above, a sted therewith	nd to transact all	
Please change the corr The above-mention OR	espondence address for the above- ned Customer Number.	dentified	application to):	
Firm <i>or</i> Individual Name	Law Offices of Joseph F	. Mur	ohy		
Address	101 West 23rd Street #2367 New York	, NY 100	11		
Address					
City	NY	State	NY	Zip 10011	
Country	US				
Telephone	877-782-5460	Fax	877-472-0116		
I am the:					
Applicant/Invent	or.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Oren		AR N			
Signature Galy Karri					
Date 5. 23. 2001					
NOTE: Signatures of all the inventorms if more than one signature in	tors or assignees of record of the entire inte	est or thei	r representative(s	s) are required. Submit multiple	
(F) 4.7 () 4.71(9.49)	ms are submitted.				

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	not yet assigned
Filing Date	23 MAY 2001
First Named Inventor	Dobronsky
Group Art Unit	
Examiner Name	
Attorney Docket Number	LOJM-9992

I hereby appoint:		·		
Practitioners at OR X Practitioner(s) r	Customer Number]	Place Customer Number Bar Code Label here
	Name		Regis	stration Number
Joseph F. Mur	phy		36,617	www.orr Nameon
as my/our attorney(s) business in the United	or agent(s) to prosecute the app I States Patent and Trademark C	olication ide Office conne	ntified abovected there	ve, and to transact all with.
Please change the core The above-mentio	respondence address for the aboned Customer Number.	ove-identific	ed applicati	on to:
Firm <i>or</i> Individual Name	Law Offices of Josep	h F. Mu	rphy	
Address	101 West 23rd Street #2367 New		· ·	
Address				
City	NY	Sta	te NY	Zip 10011
Country	US			
Telephone	877-782-5460	Fax	877-472-0	2116
I am the:				
Applicant/Inven	tor.			
Assignee of rec	ord of the entire interest. See 37 or 37 CFR 3.73(b) is enclosed. (F	CFR 3.71.	SB/96).	
	SIGNATURE of Applicant or	Assignee o	of Record	
_{Name} Oren	Dobronsky			
Signature Con Dobcasy				
Date 5.23.2e01				
NOTE: Signatures of all the inver- forms if more than one signature	ntors or assignees of record of the entire	e interest or th	eir representa	ative(s) are required. Submit multiple
F	rms are submitted.			